Foster Family Home - Corrective Action Report

Provider ID: 1-562612 Home Name: Lovelle Layugan-Flores, CNA Review ID: 1-562612-6 98-530 Kaamilo Street Reviewer: Carrie Wakai 6/01/2018 End Date: Aiea HI 96701 Begin Date: 5/24/2018 **Foster Family Home Required Certificate** [17-1454-6] Comply with all applicable requirements in this chapter; and 6.(d)(1)Comment: 6.d.1- Home visit made for a 3 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 6/24/2018. **Foster Family Home Background Checks** [17-1454-7.1] 7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and Comment: 7.1(a)(2)-APS/CAN lapsed for CG#7 -was due 2/17/18 and done 4/17/18; CG#8 was due 3/2/18 and done 4/17/18. **Foster Family Home Fire Safety** [17-1454-45] 45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors. Comment: 45(a)-No documentation of fire drill conducted at least once yearly by CG#4 and CG#6.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: LOVELE P. LAYLLGAN-PLOKES

CCFFH Address: 98-5nd KAMMILO St. MEN MY 94701

Rule	Corrective Action Taken	Date	Prevention Strategy
Number	Corrective Action Taken	Corrected	Prevention Strategy
Number		Corrected	
7.1.9.2	Lapse cannof be corrected	5/24/18	frome under stands the
			requirements. Home will provide a cahendar
			prevent any preferre
45.a	Fire drill was done	5/29/18	Fire drills will be done and conducted
20	CG # 4		On a year, Home understand a develop
		u u	a schedule and have if posted on the
			Collidar.